

Case Number:	CM14-0209349		
Date Assigned:	12/22/2014	Date of Injury:	02/11/2014
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 2/11/2014 this worker fell backwards and hit her head and neck on concrete. She sustained a scalp laceration and neck pain. CT of her head showed no bleed. CT of the cervical spine showed disc space narrowing to mild degree C4-5 and to moderate degree C5-6. There were findings of muscle spasm with no fracture or subluxation and mild cervical spondylosis. On 6/5/2014 she had MRI of the cervical spine which showed spondylotic change, non-specific straightening of the cervical lordosis, and multilevel disc bulge, canal stenosis and nerve root compromise. She had an x-ray of the cervical spine on 8/6/2014 which showed degenerative changes at C5-6. The x-ray was otherwise unremarkable. According to the 8/1/2014 primary treating physician's progress report, she has right shoulder pain and numbness. There is tenderness to palpation of the shoulder AC joint and trapezius muscle. She has shoulder flexion to 130 degrees and abduction to 120 degrees. The diagnoses are left shoulder rotator cuff tendonitis and trapezius strain and strain. According to the 9/24/2014 Doctor's first report of occupational injury, she complains of head pain, neck pain, right shoulder pain, right elbow pain, and right knee pain. Physical examination revealed cervical spine tenderness, muscle tenderness, positive compression test, right shoulder tenderness, decreased shoulder range of motion, positive Neer test, right elbow tenderness, and positive Cozen's test. Among other studies and treatments, a cervical spine x-ray was requested at the 9/24/2014 visit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-ray exam neck spine 3vws: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 167, 182.

Decision rationale: Indications for xray of the neck include red flags for fracture or neurologic deficits associated with acute trauma, tumor, or infection. This worker had no red flag signs to indicate the need for this xray. Fracture has already been ruled out. She has previously had CT, MRI and x-ray of the cervical spine. No changes and particularly no new red flag signs have been reported to indicate the need for this x-ray.